

The U.K. and U.S. Recovery Advocacy Movements

An Interview with Phil and Sandy Valentine

William White

Introduction

Recovery advocates from countries around the world are beginning to reach out to one another. International exchanges are occurring hour-by-hour each day through the power of the Internet, but they are also involving increased face-to-face visits. The U.S. recovery advocacy movement is benefiting greatly from visits to the U.S. by recovery advocates from other countries and by what U.S. recovery advocates are learning during their visits to other countries. In October 2011, Phil and Sandy Valentine from the Connecticut Community of Addiction Recovery (CCAR) had the opportunity to visit several U.K. communities and participate in a variety of recovery-focused events. In the interview below, I ask Phil and Sandy to review some of the highlights of this trip and to share their perceptions of the rising U.K. recovery advocacy movement.

Bill White: Phil, before we explore your recent visit to the U.K., could you provide our readers a brief summary of how you came to be involved in the Connecticut Community of Addiction Recovery and your current role in CCAR?

Phil Valentine: I think the recovery movement chose me. I received a call back in the fall of 1998 from a dear friend of mine who told me about the work Bob Savage was doing in Connecticut with CCAR. I had never heard about CCAR, recovery advocacy, or peer recovery support services, but I sensed a deep calling, and I was CCAR's first hire in 1999. I soon learned that my personal experience with recovery (largely outside of any formal treatment setting) was a valuable and desperately needed voice. I learned that the very first day on the job. Bob asked me to go to the L.O.B. and attend a meeting on parity. OK. The conversation continued something like this.

“Bob, what’s the L.O.B.?”

“Legislative Office Building.”

“Oh...where’s that?”

“Next to the Capitol.”

“Oh...I know where that is. Ummm...what’s parity?”

“Ensuring that insurance carriers pay for mental health and addiction issues like any other health condition.”

“Oh, OK.”

I found my way to the meeting room and felt intimidated. The conversation got around to recovery support services, and they asked me about it. I said, “Um, I know that in my program of recovery, we are asked to go to ninety meetings in ninety days.” I looked around, and these folks were all scribbling notes down hurriedly. They asked many questions; one I remember. “Can you go to three meetings in one day and then skip two days?” “Um, no—that’s not how it works really...” From that day on, I knew I had a voice that needed to be heard.

I now serve as CCAR’s Executive Director and have been in this role since 2004.

Bill White: Well, like the rest of our friends on this side of the pond, I want to know, “How was your trip to the U.K.?”

Phil Valentine: Hard to answer simply. Life changing. Transformative. Enlightening. Discouraging. Shocking. Different.

A little time has passed and allowed me a chance to reflect. Mostly, I am grateful, and I am in awe of the power of recovery and how God moves through recovery and my life. It was just a year ago I was finishing up treatment for stage four cancer of the tongue. That was a pretty rough time. After walking through that valley, I can see that God wasn’t quite done with me yet, that He has a purpose for my life. That became obvious on this trip.

The itinerary I received ahead of time listed some locations and a person or two I was to meet with. I knew I was speaking at a large recovery conference at the end of our stay. I had no idea that I would speak in front of good crowds six other times. I was able to share with more than 1,000 people at seven different venues in just four days. I talked about my personal journey of recovery, about the recovery movement’s success in putting a face on recovery (mentioning Faces & Voices of Recovery), about why it’s so important to a system of care to have the recovery community involved, and finally how recovery support services were developed using examples from CCAR.

Bill White: Could you walk us through your itinerary and what you experienced while there?

Phil Valentine: My wife Sandy and I arrived Saturday, October 1, at about 8:30 am. After an all night flight, and more than a little groggy, we met Carl Cundall from Sheffield Alcohol Services. He dropped us off at our hotel and then escorted us to Old Trafford where my favorite team in the world plays football (soccer to us). We sat in the sold-out stands and saw Manchester United beat Norwich City 2-0 on a couple late goals. I still wonder if that was a dream; I have never experienced anything close to that enthusiasm.

On Sunday, Sandy and I managed to get on the train to London. We immediately hopped on a double-decker sightseeing bus and toured the city. Saw a lot of it—Big Ben, Westminster Abbey, the London Eye, Buckingham Palace, Harrod’s, etc. We had a wonderful dinner in a local pub: ever try to order a non-alcoholic drink in a London pub?

On Monday, the whistle-stop tour started. As I said earlier, I was not prepared for all these “big” speaking engagements. Maybe it was better this way. Good thing I have grown fairly flexible—that way I don’t get bent out of shape. I spoke in Salford about

CCAR to mostly treatment providers. We were in a large cathedral in a side training room. Then we went to a recovery community center where I said a few words, cut the “red tape,” and watched a skit from “service users,” very powerful. A woman wrote the skit in the form of a poem. That evening, we traveled to Blackburn with Mark Gilman, where I spoke in the Blackburn Cathedral to about 200 people, a lot of them identified as being in personal recovery. The Raucous Caucus Recovery Chorus also sang. I hope I don't forget the image of the red-haired mom leading the chorus with her young toddler girl strapped on her back. The little girl also helped direct—adorable!

On Tuesday, October 4, I spoke at Phoenix Futures in Manchester. These were mostly “service users” (people in recovery), and the reception was warm and the response fantastic. I heard a couple stories of people in recovery, one young man who had spent a lot of time in prison and had now turned his life around. Another woman had spent twenty years on methadone and had recently moved to abstinence. Her advice was to never start on methadone. This emerged as a common theme: individuals more or less trapped by the methadone maintenance system in the U.K. One incredibly supportive woman who funds the program said she would like to send some folks to our Recovery Walks! I have since heard from her, and we are working out the details.

Afterwards, Mark and I picked up Sandy and drove to Halifax. We stopped at a roadside inn and had English fish and chips—the best I ever ate! We ended up at Shay Stadium in Halifax where I presented in a room overlooking the football pitch. Reception was more “restrained.”

On Wednesday, October 5, I had to get up early for a train for the three-hour ride to Newcastle; the venue where I spoke had the Newcastle football grounds right out the window. After the presentation, we went over to the Newcastle recovery community center twinned after Hartford’s. People wept and were overcome by emotion when I stepped in, as was I. This place is on the corner of a main street through town and a bridge across the river. Newcastle has seven bridges. The center is in the middle of many bars. What you notice is the feeling inside: recovery lives there. The hope and healing is palpable. Spirituality thrives. During the ceremony, I was asked to share and found myself reflecting on my personal path of recovery, how God has been so good to me. They showed me the room where they will begin telephone recovery support (modeled after CCAR) on October 17th.

I think it's important to note here that sometimes we think that what we do has no effect; we become discouraged at the struggle. I know this has happened to me. Then once in awhile, you have an opportunity to look beyond the immediate crisis or over the mountain of tasks you have in front of you, and you get a glimpse of the bigger picture. You see ripple effects of how the recovery movement is transforming lives and communities. I saw this in Newcastle. What we are doing here in the U.S. is having a dramatic effect in other places.

On Thursday, October 6, the day of the big Sheffield Conference, our day started with Sandy answering the phone, saying thank you to the front desk for the early wake up call. What she had unknowingly done was hang up on the BBC, who was calling for a radio interview. The reporter called back, and I did the interview. We took the train to Sheffield, and I was the leadoff hitter (speaker) in a packed movie theater. I was followed by Carl Cundall (his first time doing something like this) and then Mark Gilman. This was a big crowd, well received. In the afternoon, I sat on a panel, and the

discussion centered around “can treatment do recovery?” Interesting question, don’t you think?

Bill White: How do you feel today about what your visit meant to those who heard your presentations?

Phil Valentine: Bill, it’s hard for me to measure the impact. You and I have had this conversation—some people find this hard to believe, but I’m an introvert. So, before I speak I get nervous, but settle in quickly. Then when I’m done, I have a tough time recalling exactly what I said. Audience responses were generally enthusiastic, and I learned the most from the people I talked with afterward. So, from what I could see and from what people told me, I was somewhat surprised by the impact. Many people were very appreciative that spirituality wove its way through my presentation. It seemed that in some ways, having a man publicly declaring his recovery, speaking of no longer being ashamed and moving out of the darkness and into the light was groundbreaking territory. People seemed to wonder about this notion of “putting a face on recovery.” They were asking a lot of questions; they were exploring the notion. They liked the idea of peer recovery support services.

I think, too, that I am a pretty optimistic person. I have a lot of hope. I like to encourage people when I speak. That’s a pure recovery message—if I can do it, so can you. If we can do it, so can you.

I have between 75-100 new Facebook friends, all from the U.K. Facebook has really helped me stay connected with my new friends. I’ve received several email notes from people who heard me speak. I am still processing all these requests, so I ask for patience from across the pond.

Bill White: What impression did you get on the state and status of recovery mutual aid groups in the U.K.?

Phil Valentine: In June 2011, a dear friend and colleague, Wynford Ellis Owen, invited me to Wales, and I attended an AA meeting. It was just like AA in America: same warmth, acceptance, and hope. However, there are far fewer meetings in the U.K. than the U.S. From what people in recovery told me on this visit, NA seems to be growing more rapidly than AA even though alcoholism still remains the biggest problem in the U.K. SMART Recovery seems to be gaining traction, especially with the provider community. Personally, I believe this is because of the focus on Cognitive Behavioral Therapy (CBT). Since the U.K. is a much more secular nation than the U.S., SMART may be more attractive than 12-Step because it does not incorporate spirituality into the program specifically.

Bill White: What was the attitude in the U.K. toward public disclosure of recovery?

Phil Valentine: Where recovery is concerned, anonymity and stigma still reign. People in recovery have worked in the treatment system for years, and their colleagues and co-workers (never mind the “service users”) don’t know they are in recovery. Personal

recovery seems to be a taboo subject. And countrywide denial, particularly with alcoholism, prevails.

I also found that people in long-term recovery are reluctant to be open about it. After I spoke in Newcastle, three different fellas came up to me and whispered that they all had similar amounts of recovery as me, but no one knew about it outside of their fellowship (AA). They all worked in the treatment field and were certain that management would disapprove to the point where their jobs would be in jeopardy. Another man told me that he had a girlfriend for ten years before he told her about his past of multi-drug misuse (his words, not mine). I asked him about her response. She was “OK with the drug use, but really cheersed off why it took me ten years to tell her.”

Bill White: There is much talk about a rising U.K. recovery movement. What evidence did you see of this movement during your trip?

Phil Valentine: There are many growing hotspots of recovery. Mark Gilman likes to say that recovery is gaining traction. I believe he is right. I talked to dozens of people in recovery, all of them interested in organizing the recovery community, all of them interested in system change. They have a familiar gleam in their eyes and fire in their speech that we experience here in the U.S. Maybe part of what this whistle-stop tour accomplished was “giving permission” for people who are called to the vanguard to step forth, to be visible and vocal about their recovery.

Bill White: Do you feel recovery has reached a contagious stage in the U.K.?

Phil Valentine: David Powell uses a line that I love—transformed people transform people. I saw a lot of transformed people in the U.K. and just like here, their recovery is contagious. Wired In, the U.K.-born online community, has a large and growing following. Their tagline is “recovery is contagious.” I like that a lot too. What remains to be seen is whether the recovery community can effectively organize themselves. I also believe that there is a much greater stigma in the U.K. than here. The recovery contagion will need to overcome this resistance. I believe it is happening right now. Recovery is spreading.

Bill White: Could you provide examples of some things you shared during your U.K. talks that seemed to strike a very strong emotional chord among those present?

Phil Valentine: I repeated a line I heard you say—that we have to stop kicking people out of treatment for confirming their diagnosis. I saw some people wince at that and others nod their heads.

When I talk about shame, and no longer being ashamed about my recovery, people always respond.

While in the U.K., I had a new piece find its way into my talk. In the U.S., we have a Native American organization, White Bison, that has been a leader in the recovery community for many, many years. They developed a program concerning relapse that we can all learn from. If we truly believe that recovery is a battle against addiction, then we who are in recovery are warriors, aren’t we? White Bison believes that when a person

relapses, the ideal response is summarized beautifully and powerfully in two words—Warrior Down. We don't leave a warrior lying on the battlefield wounded, do we? No, we go back and get them. That is a completely different perspective than saying, "oh, it was his fault" or "she just wasn't ready" isn't it? When I talked about this, my eyes would get moist and my voice would crack, and I'd see people with tears running down their cheeks.

Bill White: What impression did you form of the state of addiction treatment in the U.K.?

Phil Valentine: Treatment, which is predominantly methadone maintenance, has a tendency to hold on to their service users. They seem to be more interested in keeping them medicated and out of prison than pursuing recovery. Treatment works primarily from a public safety perspective. I heard several people refer to methadone maintenance as a form of social control. There are hardly any options for people with an alcohol problem.

Bill White: Did you see evidence of efforts underway to increase the recovery orientation of all addiction treatment in the U.K.?

Phil Valentine: Yes. I was heartened to see recovery community centers opened—three that I saw. Many, many providers attended all the conferences where I spoke, and they showed a lot of interest. I think there is an undercurrent of understanding that the system they have could work a lot better. One of the most viable options financially, ethically, and practically is a recovery-oriented system of care. Mark Gilman thought that if I had come over just two years ago with the same message that it would not have been nearly as well received. I know that you and Roland Lamb have visited the U.K. in recent years, and this year, John Shinholser and Carol McDaid visited Wales too, so a lot of us recovery advocates have been sharing our experience, strength, and hope. I believe they are beginning to shift in their attitudes and approaches.

Bill White: Were there ideas you brought back from the U.K. that could be of great benefit to the U.S. recovery advocacy movement?

Phil Valentine: Even though we have a long way to go, we're doing pretty well here in America. What I mean by that is we have a thriving recovery culture here. If you want to immerse yourself in clean, sober living, we have a lot of options. In the U.K., it seems like everyone drinks. Drinking is what they do. Recovery from alcoholism is just taking hold. We have a long history of recovery here in America. For example, in the capital city of Cardiff, I went to an AA meeting. Nothing extraordinary about that, except the choices were extremely limited. In my little town of Manchester, CT (population 57,000), there are many more 12-Step meetings than in the city of Manchester, England (metropolitan district population of 2.6 million).

I was struck by the level of denial. In many ways, it seems like the people in the U.K. simply accept alcoholism and all its consequences. They don't acknowledge the

devastating impact. We have a lot to work with here in the U.S., and for that I am grateful.

Here are some other random observations that probably won't have a profound impact on anyone...

- While eating, the English use two utensils together (knife and fork). We are taught to use just the fork or spoon—one at a time.
- When you stand in the U.K., the history seeps into your being straight from the soil. It crept into my bones, my soul, my life. I wanted to “put down my roots” there.
- In the U.S., you can't find many castles.
- I'm kinda proud of the way I STRETCHED. I was often outside my comfort zone. And each time I stepped outside of it, I was richly rewarded. There's a lesson there.
- Even though there isn't as much AA, it is the same in England as the U.S. That was comforting. I was welcomed warmly.
- The countryside and coastline are spectacular. Just beautiful. I can't imagine anyone seeing that and thinking there is no God.
- I saw a great road sign on the M4 (the main highway): **“Free Recovery, Await Rescue.”**
- Not sure why they eat beans and french fries (chips) with breakfast. I kinda liked it though. As for blood pudding, not so sure.
- And I really like the way they converse by ending a statement with a question. It's a lot more friendly, isn't it?
- The drinking of alcohol is deeply rooted within this culture. Can they even imagine a world without it?
- People are very friendly, polite. It seems, however, they have built a lot of walls. A persistent negativity seems to flow just below the surface. They seem to have a hard time supporting one another, in seeing someone else succeed. I heard it called the “Tall Poppy Syndrome.” Instead of growing the rest of the poppies in a field to match the tallest one, they just cut down the tallest one so the others don't look so inferior.
- Is there such a thing as a nationwide culture of resentment?

Sandra Valentine Joins the Interview

Bill White: Sandy, could you introduce yourself to our readers?

Sandy Valentine: I am Sandy Valentine, in recovery from alcoholism since September 1991. I am Phil Valentine's wife; Joshua, Samantha, Matthew, and Mary's Mom; and a 26-year employee of a large financial services company.

Bill White: What was it like to attend the recovery conferences in the U.K.?

Sandy Valentine: It was a lifelong dream of mine to visit the U.K. When Phil asked me to join him for the trip (or maybe it was that I begged to go), I only thought about seeing Buckingham Palace, Westminster Abbey, and those darling red phone booths. I'm so glad that God is a much better planner than I. Within minutes of arriving in the U.K., we were greeted by recovery advocate Carl Cundall. By the end of a day with Carl—seeing a bit of Manchester and attending a Man U game—I had what I hope to be a lifelong friend. We always talk in recovery about how “geographical cures” don't really work. I think the real lesson is the geographical cure that does work in recovery is the ability to go anywhere in the world and have an instant connection with another person in recovery. I felt that way with Carl, and then each day as I met someone else.

So, I did see Buckingham Palace, Westminster Abbey, and the cute phone booths. But the greatest attraction I saw in the U.K. was the light in people's eyes as they shared their passion for bringing recovery to those still sick and suffering.

Bill White: From what you saw, are women well-represented among the members and leaders of the U.K. recovery movement?

Sandy Valentine: I met some wonderful women leading a variety of recovery service organizations. As we all know, addiction does not discriminate, and I think that carries forth to those leading the recovery movement.

Bill White: Could you share a story of something that deeply touched you during your visits with U.K. recovery advocates?

Sandy Valentine: Phil has built a wonderful reputation for his work in the recovery movement. I am always thrilled to see people enjoy his message and to see the entire CCAR staff touch so many lives. Personally, when we began growing our family 17 years ago, I began to remove myself from the 12-step community with each child that came. Not enough time, and sponsoring new people often brought some “messiness” that I didn't always want young children to be around. My recovery program became more about being part of a faith community and continuous Bible study. So, the first time I heard Phil in the U.K., I smiled and nodded in encouragement, as I felt I had heard it all before in some form. The second time I heard him speak, I started thinking about CCAR's vision and mission and how fruitful it has been. The third time I heard him speak, at the SASS conference, I could barely keep from bawling. Here was my beloved

spouse, encouraging people to continue the work they were doing, and I had not been more than a casual participant. My protocol was to respond to people who needed help in some way for their own or a loved one's addiction and then to hand them off to Phil and the beautiful volunteers at CCAR. I kept myself away from the heartbreak of people slipping, problems that I could not resolve for them, and the usual types of crises addiction provides. So, my epiphany came in an auditorium in Sheffield, and now I'm opening my mind and heart to what God may be calling me to in the future.

Bill White: Sandy and Phil, thank you for your willingness to share your recent experiences in the U.K. and thank you for all that you do for and with people in recovery.

Photos from Phil and Sandy's U.K. Visit



Phil and Sandy outside Blackburn Cathedral



Phil presenting at the Sheffield Alcohol Support Services conference



Phil with recovery advocate Carl Cundall in Halifax with the Shay Stadium pitch in the background.



Phil emphasizing recovery coaching and the importance of walking alongside one another



Outside the Recovery Community Center in Newcastle on the Tyne, now officially twinned with CCAR's Hartford Recovery Community Center.



Phil, Mark Gilman, and Carl Cundall outside Sheffield train station, now more than colleagues, friends.